

**TOWN OF DAVIE  
TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Herb Hyman/797-1016

**PREPARED BY:** Herb Hyman/797-1016

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** All

**ITEM REQUEST:** Schedule for Council Meeting

**TITLE OF AGENDA ITEM:** SELECTION OF FIRM - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF VERMONT SYSTEMS, INC. TO PROVIDE RECREATION MANAGEMENT SOFTWARE AND TRAINING AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH PRODUCTS AND SERVICES.

**REPORT IN BRIEF:** The Town solicited competitive sealed proposals for recreation management software and training. RFP documents were sent to five (5) prospective proposers. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received three proposals. The selection committee determined that one of the three respondents did not meet the specification requirements and therefore, short listed the other two. The selection committee invited the two short listed firms to make an oral presentation. Following oral presentations, the selection committee ranked the firms. The recommendation is for Vermont Systems, Inc. as the top ranked firm in accordance with the ranking totals attached hereto.

**PREVIOUS ACTIONS:** Not applicable.

**CONCURRENCES:** The firm of Vermont Systems, Inc. was chosen by the selection committee.

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: To be negotiated with the highest ranked firm.

Account Name: Parks and Recreation-Capital Outlay Account

**RECOMMENDATION(S):** Motion to approve the resolution.

**Attachment(s):** Procurement Authorization, Selection Committee Rankings,  
Incorporation information

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF VERMONT SYSTEMS, INC. TO PROVIDE RECREATION MANAGEMENT SOFTWARE AND TRAINING AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH PRODUCTS AND SERVICES.

WHEREAS, the Town solicited proposals for recreation management software and training; and

WHEREAS, the selection committee has selected Vermont Systems, Inc. as the firm best qualified to provide the required products and services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of Vermont Systems, Inc. as the firm best qualified to provide the required products and services and authorizes the Town Administrator or his designee to negotiate an agreement for such products and services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008

\_\_\_\_\_

Attest:

\_\_\_\_\_

MAYOR/COUNCILMEMBER

\_\_\_\_\_

TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER.	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
001-0812-572-6400	Recreation Software	\$48,000

METHOD OF PROCUREMENT (check the one that applies)

☐ Open Competitive Bidding  
☐ Piggyback on Contract Number \_\_\_\_\_  
☐ Sole Source or Single Source  
☒ Request For Proposals

**SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED**

Signed

DA 2/6/08  
Department Head

Have Funds been Reserved PERM. 36824

Date 2/6/08 Signed

Signed

Gary Humen  
Town Administrator

**BIDS SUBMITTED**

VENDOR

COST

VERMONT SYSTEMS, INC.

RANKED 1<sup>ST</sup>

THE ACTIVE NETWORK

RANKED 2<sup>ND</sup>

LEISURE SERVICES SOFTWARE

NOT RANKED

Signed

[Signature]  
Procurement Manager

**BID SPECIFICATION COMMITTEE'S RECOMMENDATION**

Vendor

Cost

VERMONT SYSTEMS, INC.

RANKED 1<sup>ST</sup>

	A	B	C
1			
2			
3		REC MGMT SOFTWARE	
4			
5			
6	COMMITTEE MEMBER	THE ACTIVE NETWORK	VERMONT SYSTEMS
7			
8			
9	F. SURIANO	2	1
10	R. MUNIZ	2	1
11	C. MENKE	2	1
12	B. CARNEY	1	2
13	B. ROSA	2	1
14	K. CARAVELLA	ABSENT	
15	D. O'IGLEY	1	2
16	M. HENSON	2	1
17	D. ANDRESKY	2	1
18	R. BOYHAN	2	1
19	H. HYMAN	2	1
20			
21	TOTAL	18	12
22			
23	RANKING	2 <sup>ND</sup>	1 <sup>ST</sup>
24			



# VERMONT SECRETARY OF STATE

Deborah L. Markowitz

ARCHIVES	CORPORATIONS	ELECTIONS	OTHER PROGRAMS	PROFESSIONAL REGULATIONS	SECRETARY DE
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## Corporation Information

Corporation Name	VERMONT SYSTEMS, INC.
Corporation Status	Active
File No	V-38527-0
Type	Vermont
Incorporation Date	07/09/1985
State of Incorporation	VT
Fiscal Month End	12
Registered Agent	ROBERT T. WILLEY
Address	12 MARKET PLACE
City State Zip	ESSEX JUNCTION VT 05452
President	GILES N WILLEY
Vice Pres	KATHRYN W MITCHELL
Secretary	LAURA W. VALLEY
Treasurer	KATHRYN W. MITCHELL
Director1	SAME AS OFFICERS LISTED
Director2	ROBERT T WILLEY
Director3	BRIAN E DUBIE
Principal Street Address	12 MARKET PLACE
City State Zip	ESSEX JUNCTION VT 05452
Last Annual Report	12/31/2007

Above accurate as of: 04/24/2008

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This Web Page is



**Form W-9**  
(Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)  
**Vermont Systems, Inc.**

Business name, if different from above

Check appropriate box: ☐ Individual/  
Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶ ☐ Exempt from backup  
withholding

Address (number, street, and apt. or suite no.)  
**12 Market Place**

City, state, and ZIP code  
**Essex Junction, VT 05452**

Requester's name and address (optional)

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
0	3	0	2	9	8	6	4	1

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here** Signature of U.S. person ▶ *Robert T. Keckler* Date ▶ *April 29, 2008*

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



From: Budget &amp; Finance

To: 9P18028795368

04/25/2008 08:59

#961 P.003/004

**Vendor/Bidder Disclosure**

I, John Willey, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the  
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

Vermont Systems, Inc

Address:

12 Market PlaceEssex Jct VT 05452

FEIN

03-0298641

State and date of incorporation

Vermont; 7/1/85**OWNERSHIP DISCLOSURE AFFIDAVIT**

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

Ownership

<u>✓ Vermont Systems is an ESOP - All</u>		<u>%</u>
<u>employees are stock holders</u>		<u>%</u>
		<u>%</u>
		<u>%</u>

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

N/A

From: Budget & Finance

To: SP18028795368

04/25/2008 08:59

#961 P.004/004

By: [Signature]

Signature of Affiant

Date: 4/29/08

John E Willey  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 29th day of April 2008, by [Signature] he/she is personally known to me or has presented [Signature] as identification.

[Signature]  
Notary Public, State of Florida-at Large

Vermont

Kate W. Mitchell

Print or Stamp of Notary

N/A  
Serial Number

My Commission Expires: 2/10/11